



CHEYENNE AND ARAPAHO DEPARTMENT OF TRANSPORTATION TRIBAL TRANSIT PROGRAM

TRANSIT REQUEST FORM

PERSONAL INFORMATION:

Name: _____ DOB: _____
LAST FIRST MI MM/DD/YYYY

Pick Up Address: _____
COMPLETE PHYSICAL ADDRESS CITY STATE ZIP

TRIBAL MEMBER: Y N If YES, TRIBE: _____ ROLL #/CDIB#: _____

CONTACT INFORMATION:

PREFERRED OPTION: _____

HOME PH: _____ CELL PH: _____ EMAIL: _____

TRANSPORT INFORMATION: *Please note that transports are limited to two (2) stops maximum per request. Please select how many stops you are requesting and then complete the information for each stop.*

STOP 1	STOP 2
PURPOSE: _____ TYPE: _____	PURPOSE: _____ TYPE: _____
IF OTHER, DESCRIBE: _____	IF OTHER, DESCRIBE: _____
DATE: _____ TIME: _____	DATE: _____ TIME: _____
DESTINATION	DESTINATION
To (ADDRESS): _____	To (ADDRESS): _____
CITY: _____ ZIP: _____	CITY: _____ ZIP: _____

WHEELCHAIR ACCESS NEEDED? Y N COVID VACCINATED (VOLUNTARY)? Y N

ADDITIONAL PASSENGERS? _____ PASSENGER VACCINATION STATUS? P2 P3 P4 P5 P6

I, the undersigned APPLICANT, hereby certify that the above information is true and correct to the best of my knowledge. I also certify that I have read the Tribal Transit Passenger Policies and agree to comply with and abide by the terms and conditions of the Tribal Transit Passenger Policies.

SIGNATURE

DATE

TRANSIT STAFF USE ONLY

DATE RECEIVED: _____ TRANSPORT DATE: _____ 72-HRS? _____ SCHEDULED? _____ DRIVER: _____
 COVID SYMPTOMS? P1 P2 P3 P4 P5 P6 S1 _____ S2 _____